## EXHIBIT A

Description of Facilities covered under Independent Contractor Agreement:

Location				
	Section		_ Township	
	Town	County _		State
	-			
Furt	her Description			•
,	mana matal Confinence	<b>.</b> +		
. 1				
	Connector/Room 45	<u></u> -		
	No Bone/Room 2	<del>0</del>		
	No. Pens/Room	<u> </u>		
Bldg. 2	Type			
	Total Capacity	<del></del>		•
	No. of Rooms			_
	Capacity/Room	<del></del>		
	No. Pens/Room			
. 3	Туре			
	Total Capacity	<del></del>		
	No. of Rooms			
	Capacity/Room	<del></del>		
	No. Pens/Room			
	_			
- 4	Type	<del></del>		
	Total Capacity			
	No. of Rooms			
	Capacity/Room	<del>,,-</del>		
	No. Pens/Room			
•	Furt. 1	Section Town  Further Description  1 Type Total Confinement Total Capacity 1800 No. of Rooms Capacity/Room 450 No. Pens/Room 20  2 Type Total Capacity No. of Rooms Capacity/Room No. Pens/Room No. Pens/Room No. Pens/Room  4 Type Total Capacity No. of Rooms Capacity/Room No. Pens/Room  4 Type Total Capacity No. of Rooms Capacity/Room No. Pens/Room  4 Type Total Capacity No. of Rooms Capacity/Room Capacity/Room Capacity/Room Capacity/Room	Section County	Section County

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